## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST, FOR PATENT FEE REFUND	
1 Date of Request: 07/05 2 Serial/Patent #	
3 Please refund the following fee(s):	4 PAPER 5 DATE NUMBER FILED 6 AMOUNT
Filing	\$
Amendment	\$
Extension of Time	\$
Notice of Appeal/Appeal	\$
Petition	\$
Issue	\$
Cert of Correction/Terminal Disc.	. \$
Maintenance	\$
Assignment	\$
other Sparch del adjustment	\$ 100
	7 TOTAL AMOUNT OF REFUND \$ /OO
	8 TO BE REFUNDED BY:
10 REASON:	Treasury Check
Overpayment	Credit Deposit A/C #:
Duplicate Payment	, 14-1/270
No Fee Due (Explanation):	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: Kaya LOUNS (Battimar) TITLE: Specific	
SIGNATURE: PHONE: 703 308-9140	
office: DOB CLAZOZ	
THIS SPACE RESERVED FOR FINANCE USE ONLY:	
APPROVED:	DATE:

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B